

CALIFORNIA NEWBORN HEARING SCREENING PROGRAM

REQUIREMENTS FOR

INPATIENT INFANT HEARING SCREENING PROVIDER

CERTIFICATION

Newborn Hearing Screening Program

Name of Hospital:

Address:

Outpatient Medi-Cal Billing No. _ _ _ _ _**Outpatient** CGP Billing No. CGP _ _ _ _ _

Federal Tax ID No. _ _ - _ _ _ _ _

Director of NHSP:

Telephone:

Fax:

Contact person:

Telephone:

Birth Census: _ _ _ _ _ FY _ _ _ _ _

☐ < 500 ☐ 500-1499 ☐ 1500-2499 ☐ 2500-3499 ☐ 3500-5000 ☐ >5000

Application received date:

Initial certification site visit date:

3.42 Standards for Infant Hearing Screening Services 3.42.1 Inpatient Infant Hearing Screening Provider

Standards: C. 1. Staff

- a. Designation of one person as the director of the IIHSP who is responsible for the management of the newborn hearing screening program.
- b. Director shall be a Registered Nurse or a CCS-paneled professional as specified.

Requirements:

Name of director:

Profession:

- ☐ Registered Nurse
 - ☐ Audiologist
 - ☐ Neonatologist
 - ☐ Pediatrician
 - ☐ Otolaryngologist
- Verified as Paneled: ☐ Yes ☐ No

Verification:

Job description of director includes responsibility for the management of the newborn hearing screening program.

Includes:

- ☐ Training and oversight of screeners
- ☐ Reporting
- ☐ Hospital staff and parent education
- ☐ Coordination of services and follow-up

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Standards: C.2.c. Facility and Equipment

Choice of equipment shall be reviewed by a CCS-paneled audiologist.

Requirements:

Name of audiologist:

Verified as Paneled: ☐ Yes ☐ No

Verification:

Evidence that the audiologist reviewed choice of equipment.

☐ Yes ☐ No

Explain:

Standards: C.3.b. Services

There shall be consultation by a CCS-paneled audiologist in the development and maintenance of the newborn hearing screening program.

Requirements:

Name of audiologist:

Verified as Paneled: ☐ Yes ☐ No

Verification:

Evidence of consultation to the program by the audiologist.

☐ Yes ☐ No

Explain:

3.42 Standards for Infant Hearing Screening Services 3.42.1 Inpatient Infant Hearing Screening Provider

Standards: C.1. Staff

- c. Screening services shall be performed by individuals meeting competency criteria. Completed competency checklists shall be maintained by the hospital.

Requirements:

- Obtain a list of names of all persons performing hearing screening.
- Review documentation that all persons have completed hearing screening training and have passed a competency evaluation.
- Review evaluations of screeners to ascertain that they have demonstrated screening competency as outlined in Attachment A of the Standards.
- Review policies and procedures for training of hearing screeners which includes requirements for the ability to:
 1. Prepare the environment to perform the hearing screening
 2. Perform the hearing screening
 3. Perform infection control and risk management
 4. Collect and record screening data following hearing screening
 5. Communicate knowledge of the NHSP and hearing screening results

Verification:

All persons performing hearing screening services have completed and passed a competency evaluation.

☐ Yes ☐ No

Evaluations of hearing screeners include the following mandatory competency criteria:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Preparation of the environment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Performance of hearing screening | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Performance of infection control and risk management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Recording screening data | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Program knowledge and communication skills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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Verification Continued:

List of persons passing competency evaluation including name, classification, and date of completion of evaluation.

Use the following classifications: RN; RCP; Audiologist; MD; LVN; Clerk; UAP; Volunteer; or Other.

Name

Classification

Date

[illegible]

3.42 Standards for Infant Hearing Screening Services 3.42.1 Inpatient Infant Hearing Screening Provider

Standards: C.2. Facility and Equipment

- a. Infant hearing screening services shall be performed using FDA-approved otoacoustic emissions and/or evoked potential testing that detects a mild (30-40dB) hearing loss in infants and newborns.

Requirements:

Review the list of all hearing screening equipment, which includes number of machines, manufacturer, model, FDA approval, and area where equipment is to be used. Verify written confirmation from manufacturer that equipment meets the criteria for detection of 30-40dB hearing loss in infants and newborns.

Verification:

1. List equipment and include manufacturer, model, serial number, date of purchase, and FDA approval.

2. Number of screening equipment _____
3. Number of areas where screening equipment will be used _____
4. Number of screening equipment is adequate for number of infants to be screened and number of nurseries. ☐ Yes ☐ No
5. Hospital has written confirmation from manufacturer that all equipment meets the criteria for detection of 30-40dB in infants and newborns. ☐ Yes ☐ No

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Standards: d. Equipment shall be calibrated in accordance with the manufacturer's recommendation and a log shall be kept documenting the dates of calibration, repair, or replacement of parts.

Requirements: Inspect the maintenance, calibration, and daily equipment log for compliance with Standards. Determine if the calibration and maintenance log is up to date for all equipment.

Verification: Equipment log is up to date for calibration of equipment and maintenance for each piece of screening equipment.
☐ Yes ☐ No

Standard: f. Adequate space for performing the screening procedures and a quiet environment for repeat hearing screenings prior to discharge shall be available.

Requirements: Determine if there is adequate space for performing the screening. Determine if a quiet environment is available for repeat screenings prior to discharge.

Verification:

1. Hospital has adequate space to perform hearing screening on infants.
☐ Yes ☐ No
2. Hospital has an environment conducive to hearing screening.
☐ Yes ☐ No

3.42 Standards for Infant Hearing Screening Services 3.42.1 Inpatient Infant Hearing Screening Provider

Standards: C.3. Services

- a. The hospital shall have protocols, policies, and procedures in place that defines the facility's newborn hearing screening program.

Requirements: Review all policies and procedures relating to the Newborn Hearing Screening Program to determine if they address all the necessary elements to conduct a newborn hearing screening program. See Attachment 1, "Guidelines for Content Areas for Hospital Policies and Procedures."

Verification: Hospital policies and procedures address all of the necessary elements as listed in Attachment 1, "Guidelines for Content Areas for Hospital Policies and Procedures."
☐ Yes ☐ No

Standards: j.2.) a. and b. A diagnostic audiological evaluation shall be performed on all infants in the NICU who do not pass the hearing rescreening in each ear as defined by the Infant Audiology Assessment Guidelines or the hospital shall schedule an evaluation as an outpatient with a CCS-approved Level 3 or Type C Communication Disorder Center or equivalent facility approved by the infant's insurance in accordance with the Standards.

Requirements: Review all policies and procedures to determine if they address all of the requirements relating to performing diagnostic audiological evaluations in the NICU as defined by the Infant Audiology Assessment Guidelines or scheduling these evaluations in accordance with the Standards.

Verification: Hospital policies and procedures address all of the above requirements relating to performing diagnostic audiological evaluations in the NICU as defined by the Infant Audiology Assessment Guidelines or scheduling these evaluations in accordance with the Standards.
☐ Yes ☐ No

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Standards: j.2.)c. Assist the family in completing a CCS program application and fax the application, completed CCS Request for Service form and the hearing screening results to the appropriate county CCS program. The referral shall be documented in the medical record.

Requirements: Review policies and procedures to determine if they address DHS requirements for completing a CCS program application and faxing the application, completed CCS Request for Service form and hearing screening results to the appropriate county CCS program and documenting the referral in the medical record.

Verification: Hospital policies and procedures address the DHS requirements for CCS referral and application.

☐Yes ☐No

Standards: **C.5 Reporting Requirements**

The hospital shall report to DHS, or its designee, data on all infants receiving neonatal services, in a format and frequency specified by DHS.

Requirements: Review policies and procedures to determine if they address the DHS requirements for format and frequency for data reporting as specified in Attachment 1, Subsection “Reporting/Data Management.”

Verification: Hospital policies and procedures address all of the data reporting requirements specified in Attachment 1, Subsection “Reporting/Data Management.” ☐Yes ☐No

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NAME OF HOSPITAL _____

☐ **Certification Not Approved** Date: _____

List all requirements not met and the plan to correct each requirement. Include a timeline for completion:

☐ **Certification Approved** **Effective Date of Certification:** _____

Recertification due date: _____

3.42 Standards for Infant Hearing Screening Services 3.42.1 Inpatient Infant Hearing Screening Provider

APPROVAL SIGNATURES

(print name – signature – date)

NAME OF HOSPITAL _____

HCC Staff

Program Director:

Registered Nurse:

Audiologist:

State Approval

CMS Staff: